



MARYLAND
Department of Health

Larry Hogan, Governor — Boyd K. Rutherford, Lt. Governor — Robert R. Neall, Secretary

Behavioral Health Administration Firearm Restoration Unit

55 Wade Avenue – Hill Building - Catonsville Maryland 21228

Barbara J. Bazron, Ph.D., Deputy Secretary Behavioral Health / Executive Director

Clinician’s Certification

Required by Public Safety § 5-133.3(d)(3)

Clinician Name _____ *[please print]*

Physician ABPN Certified in Psychiatry Maryland License No. _____

Psychologist Maryland License No. _____

The applicant, _____, was under my care/treatment from
_____ through _____.

Please use a continuation sheet if necessary for items below

Item 1: Please indicate the length of time that the applicant has not had symptoms that cause the applicant to be a danger to the applicant or others, or, if the disqualification relates to an intellectual disability, the length of time that the applicant has not engaged in behaviors that cause the applicant to be a danger to the applicant or others

Item 2: Please indicate the length of time that the applicant has been compliant with the treatment plan for the applicant's mental illness, or, if the disqualification relates to an intellectual disability, the length of time that the applicant has been compliant with any behavior plan or behavior management plan

Item 3: Please state to a reasonable degree of medical/psychological certainty an opinion as to whether the applicant, because of mental illness, would be a danger to the applicant if allowed to possess a firearm and a statement of reasons for the opinion

Item 4: Please state to a reasonable degree of medical/psychological certainty an opinion as to whether the applicant, because of mental illness, would be a danger to another person or poses a risk to public safety if allowed to possess a firearm

Clinician’s Signature Date

Please See Other Side

Please send form to:

Firearm Restoration Unit
Behavioral Health Administration
Maryland Department of Health
55 Wade Avenue Hill Building
Catonsville MD 21228
410 402-8701 Fax 410 402-8731

MDH Form 4756 (08-23-18)